

m 69 730

BARRY G. HOFFMAN
LAW OFFICE, P.A.

Plaza at the Boca Hamptons
9070 Kimberly Blvd., Suite 57, Boca Raton, Florida 33434
Telephone (561) 482-2000
Fax # (561) 482-2663

BARRY G. HOFFMAN*
KENNETH R. SEGAL
M. KATHLEEN CLENDINING

*FL & NY BAR

March 28, 1997

600002130766--9
-04/01/97--01111--017
*****43.75 *****43.75

DEPARTMENT OF STATE
Division of Corporations
Corporate Records Bureau
409 East Gaines Street
Tallahassee, Florida 32301

RE: Articles of Amendment
Bizaar Bizarre, Inc.

Dear Sir/Madam:

Enclosed herewith please find original and one (1) copy of Articles of Amendment, Articles of Incorporation of Bizaar Bizarre, Inc. We are also enclosing a check in the amount of \$43.75, which represents your fee for filing of the above and the cost for a Certificate of Status showing the name change.

Please return one (1) conformed copy of the Articles of Amendment of Articles of Incorporation and the Certificate of Status to this office in the stamped-addressed envelope provided for your convenience.

Thank you for your cooperation in this matter. Please feel free to contact this office with any questions or concerns.

Very truly yours,

Alice V. Castelli

ALICE V. CASTELLI
Legal Assistant
Enc./

gave OK
to correct
old name
of corp.
(Signature)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAR 31 AM 10:22

**ARTICLES OF AMENDMENT TO
ARTICLES OF INCORPORATION OF**

BIZARRE BAZAAR, INC

PURSUANT to the provisions of Section 607.1006, Florida Statutes, the undersigned corporation adopts the following articles of amendment to its articles of incorporation:

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
97 MAR 31 AM 10: 22

FIRST: Amendment adopted:

CORPORATION NAME TO BE CHANGED TO:

NAIL BIZARRE, INC.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment adoption: March 28, 1997.

FOURTH: Adoption of Amendment by shareholders, directors and officers (check one)

The amendment was/were adopted by the corporation and board of directors without shareholder action and shareholder action was not required.

The amendment was/are approved by the shareholders. The number of votes cast for the amendment was/were sufficient for approval.

The amendment was/were approved by the shareholders through voting groups. (the following statement must be separately provided for each voting group entitled to vote separately on the amendment)

The number of votes cast for the amendment was/were sufficient for approval by shareholders, directors and officers.

Signed this 28th day of March, 1997.

New Name: NAIL BIZARRE, INC.

By: Mary DiTonno, Sole Shareholder, Director
Mary DiTonno,
President/Sole Shareholder/Director

DEBIT MEMORANDUM

WU 141

FOR OFFICIAL USE

DATE

NUMBER

TO : DEPARTMENT OF STATE

m 76810

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	4,354.75	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	4,354.75	OTHER	4

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	2	50.00
12	45-20-2-130001-45300000-00-000100-00	2	122.50
12	45-20-2-130001-45300000-00-000100-00	1	122.50
12	45-20-2-130001-45300000-00-000100-00	1	122.50
12	45-20-2-130001-45300000-00-000100-00	1	191.25
12	45-20-2-130001-45300000-00-000100-00	1	375.00
12	45-20-2-130001-45300000-00-000100-00	1	375.00
12	45-20-2-130001-45300000-00-000100-00	2	375.00
12	45-20-2-130001-45300000-00-000100-00	1	375.00
12	45-20-2-130001-45300000-00-000100-00	1	575.00
12	45-20-2-130001-45300000-00-000100-00	1	575.00
12	45-20-2-130001-45300000-00-000100-00	4	1,096.00

GRAND TOTAL: \$ 4,354.75

Process Date: 01/16/97

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

Bill Nelson

State Treasurer

STEVEN L. RUSSO, R.A., INC.

2500 GAMBRIER CIR., SUITE 302
GAINESVILLE, FL 32608

CANCELLED
05/18/84

CANCELLED

LESS OTHERWISE INDICATED
ITEM RETURNED INSUFFICIENT FUNDS

1181

PAY TO THE ORDER OF

CAPITAL BANK

MEMPHIS, TENN. 38103
MEMPHIS, TENN. 38103

- UNDEPOSITED FUNDS
- UNCOLLECTED FUNDS
- ENDORSEMENT MISSING
- PAYMENT STOPPED
- SIGNATURE MISSING
- SIGNATURE IRREGULAR
- ACCOUNT CLOSED
- OTHER
- ITEM PRESENTED TWICE. DO NOT REDEPOSIT.

- UNCOLLECTED FUNDS
- UNDEPOSITED FUNDS
- PAYMENT STOPPED
- SIGNATURE MISSING
- SIGNATURE IRREGULAR
- ACCOUNT CLOSED
- OTHER
- ITEM PRESENTED TWICE. DO NOT REDEPOSIT.

FOR CONTINUED SERVICE CALL 1-800-4-A-DEPOSIT

0488485555 5752 5752 08 01-1A-97

DOLLARS

63-115



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 5, 1997

Steven La Russo, R.A. Inc.
269 Giralda Avenue
Suite 200
Coral Gables, FL 33134

SUBJECT: STEVEN LARUSSO RA, INC.
Ref. Number: M76810

Debit Memo #: 72541-J

This is to inform you that your check #1181 dated December 30, 1996 in the amount of \$375.00 and submitted for STEVEN LARUSSO RA, INC. has been returned to us by your bank because of Nonsufficient Funds.

We request that you remit a cashier's check or money order in amount of \$393.75 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 997A00006198



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 14, 1997

Steven La Russo R.A., Inc.
269 Giralda Avenue
Suite 200
Coral Gables, FL 33134

SUBJECT: STEVEN LARUSSO RA, INC.
Ref. Number: M76810

Debit Memo #: 72541-J

Due to your failure to respond to our previous letter advising you of the returned check #1181, the Reinstatement for STEVEN LARUSSO RA, INC. has been cancelled and is considered not filed as of March 13, 1997.

The status of your corporation has now reverted to its previous status of administratively dissolved or revoked.

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 997A00013113

M78639

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: M.G. WALDBAUM COMPANY OF FLORIDA EIN or SS#: 59-2889976

Address: 5353 WAYZATA BLVD., STE. 500
MINNEAPLOIS, MN. 55416

Amount: \$200.00 Date Paid 04/19/96

Reason for claim: Filed Articles of Merger - 12/22/95 (M78639)
SCC/REIN 1/29/97

Certified true and correct this 21 day of FEBRUARY, 19 97.

Signature [Signature]

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 200.00

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 94007-025 dated 04/19/96

Name of Account: _____
4520213000145300000000010000

Statutory Authority for Collection: 607

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____
45202130001453000000022002000

Certified true and correct this _____ day of _____, 19 _____

Department of State, Division of Corporations _____
(Agency) (Authorized Signature and Title)